

# **Mental Health Response to Disasters, Terrorism and Mass Violence**



**How Can We Prepare?**

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2003 ADA/CPS  
Spring Training Institute



# Icebreaker

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- Where is the nearest exit?
- What is the current Homeland Security Advisory System Alert System?
- What does WMD stand for?
- For every physical casualty in a disaster or terrorist event, how many “mental health casualties” are there?
- What does CISM stand for?



# All Hazards Planning

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- FEMA describes an all-hazards approach as one that:
  - Is based on a comprehensive threat and vulnerability assessment
  - Sets forth lines of authority and organizational relationships
  - Assigns responsibility to carry out specific actions in emergencies



# All Hazards Planning (cont)

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- Describes how people and property will be protected in emergencies
- Identifies personnel, equipment, facilities, supplies and other resources available
- Identifies steps to address mitigation



# The Planning Process

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The process is as  
important as the plan  
itself! Why?



# The Planning Process

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- Individual and organizational relationships among stakeholders are identified and solidified
- Roles and responsibilities are identified and assigned
- Multiple plans are integrated
- Accurate identification of available resources must guide and inform plan's scope



# Plan Viability

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- Commit to planning process (including updates and exercises)!
- Make someone responsible!
- Viability takes resources!
- Planning should be designed in a way that is realistically sustainable!
- Importance of leadership – There is always other good work to be done!



# Planning Levels

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- National
- State
- Regional/Local
- Organizational
- Individual employees
- Individual consumers





# Characteristics of a Good Plan

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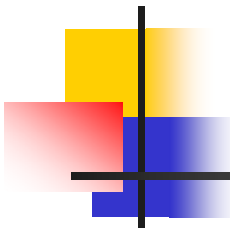
- Incorporates business continuity and IT as key elements
- Addresses issues to support consumer well-being and safety as well as continuity of treatment
- Addresses mental health support to all involved parties
- Reflects needed redundancy



# Avoid Paper Plan Syndrome

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- Written plan is important but not sufficient
- May be based on invalid assumptions



# Symptoms of Paper Plan Syndrome

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- Written plan without necessary training, education, and relationship building
- Written plan is not practical, user friendly, or viewed as legitimate by users
- Plan relies on resources that are not available
- Plan is not “exercised” to identify unanticipated complications and issues



# Characteristics of an Effective Planning Process

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- Involves various parties – not done in isolation, internal and external parties
- Complies with applicable regulations and accreditation standards
- Demonstrates QA principles
- Exercised frequently
- Reflects balance of evolution and growth with need to train and understanding of workforce
- Integrated in training and workforce development



# “Exercise” Cycle

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- Orientation
- Drill
- Functional Exercise
- Tabletop Exercise
- Full-scale Exercise
- Exercise Evaluation
- Feedback to Planning Process



# Remember.....

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- Planning must incorporate awareness of:
  - Chaos of an event
  - Failure of vital services and systems
  - Stress and anxiety it creates for workforce and consumers



“Prepare relentlessly.”

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Rudolph Giuliani  
In Leadership



# Post 9/11 Issues

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- Prepare for variety of disasters
- Importance of mental health as a component of response capacity
- Need for regional plans
- Widespread impact of event
- Extended mental health response required





# Importance of Psychological Responses

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- Affect our physiological responses
- Overwhelming emotions can disrupt rational problem-solving
- Promote adaptive and maladaptive individual and group behaviors



# Differential Psychological Impact for Different Groups

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- Victims and survivors
- Emergency responders
- Employees
- DMH consumers
- Special populations
- General Public
- Others



# What scares us?

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## ***Things frighten us more if they are.....***

- Imposed by someone else
- Controlled by someone else
- Not beneficial in any way to anyone
- Hard to treat or treatment is not available to everyone
- Manmade
- Catastrophic or deadly
- Caused by someone or something we don't trust
- Exotic or unusual

## ***Than things that are.....***

- Voluntary or by choice
- In our control
- Helpful or beneficial to us or society
- Easily and quickly diagnosable and treatable
- Natural
- Survivable
- Managed by a trusted person or organization
- Familiar and routine



# Terror-Producing Aspects of Bioterrorism

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- Invisible, odorless
- Ubiquitous symptoms
- Magical thinking
- Uncertainty
- Novelty
- Grotesqueness



# Definition of Panic

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- When people do what we don't want them to do!



# Terror-Producing Aspects of Bioterrorism

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- Potential for high numbers of casualties or lifestyle disruption
- Limited availability of treatments
- Uncertainty about effectiveness of treatments
- Contagion
- Dispersion of biological casualties



# Public's Assessment of Risk Characteristics of Concern

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- Uncontrollable
- Dreaded
- Catastrophic
- Fatal rather than injurious
- Not offset by compensation
- Delayed in time
- Affect on future generations
- Non-voluntary



# Additional Stressors

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- Disruption of natural support systems
- Job loss or economic impact
- Relocation
- Working with insurance and government agencies





# Different Stressors in each Phase of Event

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- Discovery of event
- Evacuation
- Treatment Issues
  - Use of investigational drugs
  - Uncertainty
  - Disparate treatment
- Safe return to affected environment



# WMD, Terrorism and the Health Care Sector

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- Under “best case” scenario
  - Identifiable event
  - Immediate symptoms
  - Rapid identification of agent
  - Warning
  - Small scale event
- Ratio of behavioral:medical casualties  
4:1



# Signs and Symptoms of Anxiety

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- Anorexia
- Chest pains/tightness
- Diaphoresis
- Diarrhea
- Dizziness
- Dry mouth
- Dyspnea
- Faintness
- Flushing
- Hyperventilation
- Light-headedness
- Muscle tension
- Nausea
- Pallor
- Palpitations
- Paresthesia
- Shortness of breath
- Tachycardia
- Urinary frequency
- Vomiting



# Misattribution of Normal Arousal

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- Interpretation of normal arousal as serious illness
- Increased by rumors and false information
- Increased by hypersuggestibility during period immediately following an event that disrupts their world
- Risk communication and rumor control



# Public Perceptions of Likelihood of Contracting Anthrax or Smallpox

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- 73% Better chance of getting flu
- 50% Better chance of injury in fall
- 41% Better chance of auto accident
- 27% Better chance of breast or prostate cancer
- 14% Likely to contract anthrax
- 9% Likely to contract smallpox

**From Harvard School of Public Health poll, October, 2001**



# Responses to Anthrax Attacks

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- 37%      Precautions in opening mail
- 25%      Purchased emergency supplies
- 12%      Looked up info on the web
- 12%      Avoided public events
- 6%      Talked to doctor about BT
- 5%      Got rx or purchased antibiotics
- <5%      Asked for vaccine, bought gun or  
personal protective equipment
- <1%      Took prescription antibiotics

# DC Sniper Poll

Washington Post, 10/24/02

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How concerned are you about the chance that you personally might become a sniper victim?

19%	A great deal
31%	Somewhat
28%	Not too much
19%	Not at all
2%	Not sure/don't know

# DC Sniper Poll

Washington Post, 10/24/02

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For each activity, is it something you have done at least once because of concerns about the sniper?

84%	Prayed for victims and their families
71%	Watched or listened to news more often
44%	Avoided outdoor activities
36%	Used a different gas station
32%	Avoided shopping at certain locations
29%	Made fewer or quicker trips to grocery store
21%	Were in sniper-related traffic jams or roadblocks





# Importance of Understanding Human Behavior & Terrorism

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- Develop communication and leadership models and best practices
- Emerging science that can make us more effective in our jobs
- Communication as central science in public health
- Partnerships with emergency management, public health and voluntary organizations



# Emerging Science

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- Experiences with Columbine, Oklahoma City, 9/11 and DC sniper
- Science and research difficult in emergency environments
- New threats and new understanding of psychological toll
- Importance of understanding needs of special populations and cultural issues



# Mental Health Technologies and Resources for Response

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- CISM, NOVA, military models
- WHO Psychological First Aid model
- Trauma and PTSD training/sensitivity
- Red Cross and other voluntary organizations active in disaster
- Faith-based organizations



# Myths about Public Response in Disaster or Terrorist Event

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- People will automatically follow leaders
- Need only one spokesperson with a single message
- Worry about “cry wolf” phenomenon
- People can’t handle bad news
- The public will panic!



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**"As we move into the  
21<sup>st</sup> century,  
communication may  
become the central  
science of public health  
practice."**



# Resources

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- Handouts
- DMH Website
- Internet
- University Extension
- Local Red Cross



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# ■ Discussion

# DMH READI Team

## Division Representatives

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